

Case Number:	CM14-0096971		
Date Assigned:	06/27/2014	Date of Injury:	05/13/2014
Decision Date:	07/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Acupuncturist and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 28 year old female patient with pain complains of lower back. Diagnoses included lumbar spine myofascitis. Previous treatments included: oral medication, Lidoderm patches and work modifications amongst others. As the patient was symptomatic, a request for an acupuncture trial, quantity 12 was made on 06-03-14 by the primary treating physician. The requested care was denied on 06-13-14 by the UR reviewer. The reviewer rationale was the patient is one month post-injury and there is no documentation of physical therapy and patient participation in home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Sessions of acupuncture twice a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. In this case, the patient continued to be symptomatic despite previous care (oral medication, work modifications and self care). An

acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. However, the primary treating physician requested 12 sessions of physical therapy, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances. Therefore, the request for twelve sessions of acupuncture twice a week for six weeks for the lumbar spine is not medically necessary and appropriate. .